

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/664165 FILING DATE

APPLICANT(S)

5/27/05

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
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12	1				
13	1				
14	2				
15	2				
16	1				
17	1				
18	1				
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20	2				
21	2				
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TOTAL IND.	2				
TOTAL DEP.	16	↔	↔	↔	
TOTAL CLAIMS	18	████████	████████	████████	

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TOTAL IND.		↔	
TOTAL DEP.		↔	↔
TOTAL CLAIMS		████████	████████